

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

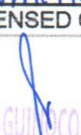
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ Blood Test
☒ Urinalysis
☒ Chest X-Ray
☐ Drug Test
☐ Psychological Test
☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

| | | | | |
|---|--------|--------------|--------------------------|--|
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | | | AGENCY / ADDRESS | |
| SUMARIA, MA. GRACE, CURAY | | | VISAYAS STATE UNIVERSITY | |
| ADDRESS | | | | |
| BRGY. PATAG, BAYBAY CITY, LEYTE | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 27 | FEMALE | MARRIED | INSTRUCTOR I | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | | |
|--|-------------------------|-------------------------|--|--|
| I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment. | | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  MERRY CHRISTL T. SUPNET-GUINAO, M.D. Medical Officer | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| | 165.0 | 76.5 kg | | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | | |
| | 7-8-21 | | | |